

ART. V. — WHAT IS NEEDED FOR THE SUCCESSFUL TREATMENT OF INEBRIATES?

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AT the close of a previous article on the "Pathology of Drunkenness," I made the following statement: "It has seemed to me that three things are essential to the permanent and full restoration of the inebriate: First, his judgment must be fully satisfied by intelligent conviction that alcoholic drinks not only injure him when taken in what he calls excess, but that they are wholly unnecessary in any of the relations of life. Second, his conscience must be awakened fully to the fact that the voluntary use of such drinks, after knowing their destructive effects, is a crime against himself and against society. Third, he must be kept steadily under judicious hygienic and medical treatment until sufficient time has elapsed to fully remove, by renewal of structure, both the functional and molecular changes made by the previous use of alcoholic drinks."

My present purpose is to inquire after the best means for accomplishing these three objects. It will be readily seen that the two first relate to intellectual and moral influences, and the third to physical renovation.

That nearly all the habitual inebriates have commenced and continued the habit of drinking, under the influence of erroneous ideas concerning the nature and effects of alcoholic drinks, must be conceded by all who will take the trouble to converse directly with inebriates of every grade in society. Hence, every system of treatment that may be devised for the reform of habitual drunkards, which does not include a thorough and correct re-education of the intellect and moral sentiments, will fail of permanent beneficial results. And yet, in the more advanced stages of inebriation, when the alcoholic diathesis is fully established, any amount of

intellectual and moral enlightenment and training will be unavailing unless associated with physical renovation. In such, the long-continued impression of the alcohol on the properties of the blood and tissues, has led to such changes in the molecular movements constituting nutrition, disintegration and secretion, as to weaken and derange the functions of nearly all the important organs of the body, but none in a greater degree than the cerebral hemispheres, through which the intellectual and moral faculties and the *will power* are manifested. Persons in such a condition may have their intellects enlightened, their moral sense aroused to such an extent that they resolve ten times per day to never touch another drop of alcoholic liquor, and yet they will take the first glass that comes within their reach with as much certainty as though they had never made a promise to the contrary in their lives. The properties of the tissues and the processes of nutrition have become so altered that the nervous and muscular structures are weak, unsteady, and often tremulous, while the mental faculties have lost their steadiness of purpose, and become wavering, irresolute and easily overcome. Nothing short of forcible restraint, coupled with proper hygienic and medical treatment for a period of time sufficient for effecting a complete physical renovation, will afford such persons a reasonable chance for permanent reform.

For practical purposes, therefore, inebriates must be classified in such a way that the means adopted for their reform may be suited to their actual condition. A distinction must be made between those who drink to intoxication only occasionally, and from mistaken motives or incorrect notions concerning the uses and effects of alcoholic beverages, but who still retain capacity for self-control; and those who have drank so continuously that the alcoholic diathesis is fully established, and their physical, as well as mental functions, so far perverted that they are incapable of self-control, or continuous sane conduct.

The former class must be regarded as citizens of capacity, and entitled to all the rights belonging to persons of sound mind; and hence all measures adopted for their reform must be adjusted to their voluntary acceptance consistent with their

personal liberty. The reception of intellectual and moral instruction, and the voluntary seclusion in asylums for a time, are the principal means on which this class must rely. And it is chiefly for members of this class that all our present institutions for the reform of inebriates are designed. Very few of them have even a limited authority to receive or detain the drunkard against his will.

The Washingtonian Home of Chicago, which is now one of the largest and most important public asylums for the reform of inebriates in this country, has no legal authority for detaining inmates against their will, except such as may be sent by police justices for a limited time, after arrest, trial and conviction in the police courts. The authority conferred on the Police Justices to send such parties as are arrested and brought before them, charged with no other crime than that of drunkenness, to the Home, instead of the City Bridewell, is contained in a clause of the charter under which the institution is organized; but it is rarely exercised by those officers.

Practically, therefore, it may be said that all our present institutions and efforts to reform those who have become addicted to the use of intoxicating drinks, are limited to those who may voluntarily submit to their influence; leaving the second class, whose members have not the power of will, or steadiness of purpose to enable them to voluntarily remain a sufficient length of time in an asylum if they were persuaded to try, without any adequate provision either for their reform or safe keeping.

That there are in almost every community a greater or less number of persons who have become so affected mentally and physically, by the continued action of alcoholic drinks, that they have lost self-control, and are constantly in danger of inflicting serious injury upon themselves, their families, and the community, must be acknowledged by all who have given the subject attention. That they are laboring under disease or positive mental and bodily impairment, is abundantly apparent to the most common observer; and yet, they can neither be classed nor treated properly with the ordinary insane. To leave them, as at present, uncontrolled, or subject only to police arrests and irregular fines and imprisonments,

is to violate the plainest principles of humanity and justice, by failing to provide either adequate means for the restoration of the diseased dipsomaniac, or for the protection of his innocent and helpless offspring, or even of the community at large. To claim that a man is possessed of a sane mind in a healthy body, when he *habitually* neglects the plainest duties of good citizenship; squanders the time and property required for providing the necessities of life for himself and family; and by the delirium of intoxication or by mental imbecility jeopardizes the safety of those around him, is simply unreasonable.

True, it is difficult to draw the line of distinction between those who still retain the power of self-control if they choose to exert it, and those who have actually lost that power, so clearly as to give such a definition of the latter as could be incorporated into a legal enactment. This difficulty was fully acknowledged by most of the eminent medical witnesses who expressed their views to the commission appointed by the English Parliament a few years since. Neither is an exact definition necessary for the construction of a law adequate to the proper disposal of this class of cases. It would be sufficient to provide by statute, that any person who, by reason of habitual drunkenness or excessive use of intoxicating substances, became incompetent to manage his estate or to provide for the necessary wants and safety of himself or family, should be liable to arrest and trial before a jury, in the same manner as persons accused of insanity now are in this state. If found guilty he should be sentenced to confinement within the jurisdiction and under the full control of some asylum for the reform of inebriates, for a period not less than six nor more than eighteen months, and should be subject to such useful employment during the time as the superintendent should deem best.

In this way each case would be decided, not on any technical definition or phrase in the law, but on the facts as presented in evidence; and the time and place of confinement would afford the best possible chance for effecting the thorough mental and physical restoration of the victim of inebriation. The claim that such legislation is incompatible with the freedom or personal liberty of the citizen, is no more valid than

when applied to any of the forms of insanity. There is not a principle of law or a rule of conduct applicable to the latter that is not equally so to the former.

The truth is, that every period of alcoholic intoxication is a temporary period of mental derangement, during the continuance of which, all experience shows the individual to be neither capable of transacting business correctly, nor of conducting himself in a manner compatible with the safety of himself or of those about him. And to assert that a just and proper enjoyment of personal liberty includes the right to voluntarily make oneself temporarily delirious, and therefore more or less dangerous, is as absurd as it would be to claim that a man has the right to voluntarily and intentionally maim himself in such a way as to destroy his ability to provide for his own support. It cannot be successfully denied but that every voluntary act of drunkenness is a *crime*, both against the individual and against the community; and the sooner the fact is recognized by jurists and legislators, and the law is so made as to afford a proper penalty, the better it will be for all parties.

The investigations of the commission of the English Parliament, and the establishment of asylums for the voluntary reception and reform of inebriates, has developed a remarkable unanimity of opinion in the medical profession both of this country and of Europe, in favor of such legislation as will provide suitable institutions for the forcible detention and treatment of confirmed and persistent drunkards. There is as much necessity for separating this class of persons from their comrades and drinking associations and surrounding them with wholesome discipline, judiciously coupled with kindness, encouragement, instruction and proper medical aid, as it is to do the same thing for the insane. While they are left at home or at liberty with their comrades, they can neither be approached effectually for instruction or medical treatment, nor restrained from drink long enough for either to gain a permanent influence over them. To arrest and fine, or send them to bridewells or work-houses, in direct association with all classes of petty criminals and vagrants, is generally calculated to make them worse instead of better. It is only in asylums, established and conducted with special reference to the reform-

ation of inebriates, that it is practicable to combine the needed intellectual, moral and medical treatment, with the necessary seclusion and restraint.

If our system of jurisprudence was so altered that simple voluntary intoxication was recognized as a misdemeanor, subjecting the offender to arrest and proper punishment; and habitual intoxication or confirmed drunkenness a dangerous disability, subjecting the party convicted of the same to legal detention and discipline in a public asylum or institution established for that purpose, it would not only result in restoring a large proportion of the victims of inebriation to sobriety and usefulness, but it would do more to create in the public mind, among all classes of society, a correct idea of the nature and tendencies of intoxicating drinks, than could be accomplished in any other way. Instead of continuing the erroneous belief among the young and laboring classes, that alcoholic drinks are restorative, and in moderate quantities beneficial; and that a convivial spree now and then is only a harmless indulgence, it would practically and indissolubly connect the use of intoxicants with the idea of physical and mental impairment, social degradation and final disability—a result which would be in strict accordance with the truths of science and the interests of humanity.

ART. VI.—ON CEREBRAL ANÆMIA.

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“IN anæmia of the brain that comes on slowly, just as in hyperæmia, at first there are usually symptoms of irritation, subsequently those of paralysis. To explain this correspondence, the hypothesis has been advanced that a certain tension of the molecules of the brain is necessary for its normal activity, and that an increase or a decrease of this tension, by too great or too slight a fullness of the vessels, modifies the excitability of the brain in the same way. I have already said